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Approved for use through 09/30/2000. OMB 0651-0032

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11/19/99  
JCC544 U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 4231US

First Inventor or Application Identifier Ronald Vogels

Title GENE DELIVERY VECTORS PROVIDED WITH A TISSUE TROPISM FOR SMOOTH MUSCLE CELLS, AND/OR ENDOTHELIAL CELLS

Express Mail Label No. EL413914475US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 62] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention plus cover sheet</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24]</p> <p>4. Oath or Declaration [Total Pages ]</p> <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</li> </ol> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ol>
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## ACCOMPANYING APPLICATION PARTS

8.  Assignment Papers (cover sheet & document(s))
9.  37 C.F.R. §3.73(b) Statement (when there is an assignee)  Power of Attorney
10.  English Translation Document (if applicable)
11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14.  \* Small Entity Statement(s)  Statement filed in prior application, (PTO/SB/09-12)  Status still proper and desired
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Other: .....

\* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. 09/348,354

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below	
Name	Allen C. Turner Trask, Britt & Rossa				
Address	P.O. Box 2550				
City	Salt Lake City	State	Utah	Zip Code	84110
Country	U.S.A.	Telephone	(801) 532-1922	Fax	(801) 531-9168

Name (Print/Type)	Allen C. Turner	Registration No. (Attorney/Agent)	33,041
Signature		Date	11/19/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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09/44284

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# FEE TRANSMITTAL

## for FY 1999

*Patent fees are subject to annual revision.**Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.*

TOTAL AMOUNT OF PAYMENT (\$857.00)

## Complete if Known

Application Number	
Filing Date	November 19, 1999
First Named Inventor	Ronald Vogels
Examiner Name	To be assigned
Group / Art Unit	To be assigned
Attorney Docket No.	4231US

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 20-1469  
Deposit Account Name Trask, Britt & Rossa

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	380
106 310	206 155	Design filing fee	0
107 480	207 240	Plant filing fee	0
108 760	208 380	Reissue filing fee	0
114 150	214 75	Provisional filing fee	0

SUBTOTAL (1) (\$ 380.00)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
34	-20**	= 14 X 9 = 126	
Independent Claims 12	-3**	= 9 X 39 = 351	
Multiple Dependent		= 0 = 0	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 477.00)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ )

## SUBMITTED BY

Typed or Printed Name	Alyeh C. Turner	Complete (if applicable)
Date	11/19/99	Reg. Number 33,041
Signature		Deposit Account User ID

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